

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>16/19/05</u>		2 Serial/Patent # <u>10/521577</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/>	Filing		\$ 100.00
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
COTTMAN		7 TOTAL AMOUNT OF REFUND	\$ 100.00
		8 TO BE REFUNDED BY:	
		Treasury Check	
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; vertical-align: middle;">1 5 -- 0 4 6 1</table>	
10 REASON:		No Fee Due (Explanation):	
<p>11 REFUND REQUESTED BY:</p> <p>TYPED/PRINTED NAME: <u>Darrell Cottman</u> TITLE: <u>Paralegal</u></p> <p>SIGNATURE: <u>Darrell Cottman</u> PHONE: <u>703-305-9140 X 207</u></p> <p>OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****</p> <p>APPROVED: _____ DATE: _____</p>			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B